	APPLICATION FEE DETERMINA	pond to a collection of information	PTO/SB/0 Hor use through 7/31/2006. OMB on Mice: U.S. DEPARTMENT OF COM dess it displays a valid OMB confer
	Augustion Act of 1995, no persons are required to res APPLICATION FEE DETERMINA Substitute for Form PTO-875	HON RECORD	less it displays a valid OMB control
l cı	AIMS AS EU ES		Application or Dockel Number
	AIMS AS FILED - PART I		1100086
FOR	(Column 2)	SMALL	
BASIC FEE	NUMBER	SMALL ENTITY	OR OTHER THAN
. (37 CFR 1.16/a))	NUMBER EXTRA	RATE	SMALL ENTIT
TOTAL CLAIMS (37 CFR 1.16(c))		HAIE FEE	RATE 55
INDEPENDENT	minus 20 =	-	OR FE
(37 CFR 1.16(b))			UK 1
MULTIPLE DECE	minus 3 =		OR X 1 =
MULTIPLE DEPENDENT CLAIM	PRESENT (37 CFR 1.16(d))	1/1/2==1	OR X
* If the difference in column a	less than zero, enter "0" in column 2] +, =	OR X 5=
as an action in 11s	less than zero, enter "0" in column 2	, —————————————————————————————————————	OR +
. CLAIMS A	S AMENDED - PART II	TOTAL	
			OR TOTAL
20 20 Oscolumn	1) (Cat	• • •	
(CLAIM	e (Column 3)	SMALL SU-	
REMAIN AFTER	NUMBER Peros	SMALL ENTITY	OR OTHER THAN
AMENDMI	PREVIOUSLY EYED	RATE ADDI.	SMALL ENTITY
O (17 CFR 1.16(c))	PAID FOR Minus	TIONAL	RATE ADDI-
U Independent 12	1561	x:25 = FEE	TIONAL
	Minus " 13 =	OF OF	X 150 FEE
FIRST PRESENTATION OF MUL	IPLE DEPENDENT	x:/00=	1,30
	TIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	OR	1200=
• .		+s/BO= OR	+:360=
(Column 1)		ADD/LFFF	TOTAL
CLAIMS	(Column 2) (Column 2)	OR	ADD'L FEE
REMAINING AFTER	HIGHEST PRESENT		
Z Total AMENDMENT	PREVIOUSLY EXTRA PAID FOR	RATE ADDI-	
(37 CFR 1.16(c))	Minus **	. TIONAL	RATE ADDI
Independent Dr OFR (.166))	 	· 7C	TIONAL
E		125 = OR	x :50 =
FIRST PRESENTATION OF MULTIPLE	DEPENDENT CLAIM (37 CFR 1.16(d))	:	
	(37 CFR 1.16(d))	180= OR	x :200=
	TO	TAL	+340=
(Column 1)		D'L FEE OR	TOTAL
CLAIMS	(Column 2) (Column 3)	OR .,	ADD'L FEE
REMAINING AFTER	MIMPER		
AMENDMENT	PREVIOUSLY EXTRA R	ATE ADDI-	
(37 CFR 1.16(cl)	linus *4 =	TIONAL	RATE ADDI-
Independent (37 CFR 1.16(b))	inus ··· x ; 2		TIONAL
		OR V	50 = TEE
FIRST PRESENTATION OF MULTIPLE DEF	PENDENT CLASS	$\omega_{=}$	
	210ENT CLAIM (37 CFR 1.16(d)) + 1/8	OR X s	200
tika	13/6	OR + 5	360
the Highest Number Previously Design	entry in column 2; write 10 in and	EE TOT	AL
ne Highest Number Previously Paid	entry in column's; write "0" in column 3. For IN THIS SPACE is less than 20, enter "20" in "Total or Independent) is the highest	OR ADD	Tree
ction of information to	For IN THIS SPACE is less than 20, enter 20 or IN THIS SPACE is less than 3, enter 30 or IN THIS SPACE is less than 3, enter 30 or IN THIS SPACE is less than 3, enter 30 or IN THIS SPACE IS LESS than 3, enter 30 or IN THIS SPACE IS LESS THAN THE SPACE		

Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the latitude to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2